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Image# 15951183499

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

Check if different than previously reported. (ACC) Washington CITY ▲ STATE ▲ ZIP CODE ▲ C C00147066 3. IS THIS REPORT (N) OR (A) Washington C C00147066 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) (Cotober 15 Quarterly Report (Q2) (Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) STATE ▲ ZIP CODE ▲ AMENDED (NON-Elective Very Conty) May 20 (M5) Aug 20 (M8) (Non-Elective Very Conty) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Elective Very Conty) PRE-Election Report (Q2) (Cotober 15 Quarterly Report (Q3) (PRE-Election Report for the: Convention (12C) Special (12S) Election on In the State of In the	Office Use Only
ADDRESS (number and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C00147066 3. IS THIS REPORT (No OR (A) (No Cloud Counterly Report (D) October 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) January 31 Year-End Report (YE) 101 Constitution Ave., NW Suite 700 CITY STATE ZIP CODE AMENDED (A) Nov 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (Non-Electic Year Only) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Due 20 (Non-Electic Year Only) PRE-Election Report (O2) Special (12S) PRE-Election on Frimary (12P) General (12G) Runoff (1 Primary 31 Year-End Report (YE) Election on Figure 10 Convention (12C) Special (12S)	1 2 2 3 3 3 1 2 5 6 4 1 1 2
ADDRESS (number and street) Check if different than previously reported. (ACC) Washington CITY A STATE A ZIP CODE A C C00147066 3. IS THIS REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) Check if different than previously reported. (ACC) Washington CITY A STATE A ZIP CODE A AMENDED (N) OR AMENDED (Non-Elective Year Only) Primary (12P) General (12G) Report (12S) Special (12S) Election on Election on Election on State of	ion Committee
ADDRESS (number and street) Check if different than previously reported. (ACC) Washington CITY A STATE A ZIP CODE A C C00147066 3. IS THIS REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) Check if different than previously reported. (ACC) Washington CITY A STATE A ZIP CODE A AMENDED (N) OR AMENDED (Non-Elective Year Only) Primary (12P) General (12G) Report (12S) Special (12S) Election on Election on Election on State of	
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than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C C00147066 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) CITY STATE X NEW (N) OR AMENDED (A) Nov 20 (Non-Elective Convention (Non-Elective	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	DC 20001 -
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) (b) Monthly Reb 20 (M2) May 20 (M5) May 20 (M5) May 20 (M5) Aug 20 (M8) Nov 20 (Non-Electic Year Only) April 20 (M3) Jun 20 (M6) Sep 20 (M9) Quarterly Report (Q1) April 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Election on May 20 (M5) Aug 20 (M8) Aug 20 (M8) Nov 20 (Non-Electic Year Only) April 20 (M7) Oct 20 (M10) Jul 20 (M7) General (12G) Runoff (1 Special (12S)	STATE ▲ ZIP CODE ▲
(Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Report Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Query (M8) Aug 20 (M8) Jun 20 (M6) Sep 20 (M9) Query (M8) Aug 20 (M8) Non-Electic (Non-Electic (Year Only)) April 15 Quarterly Report (Q1) Primary (12P) General (12G) Report for the: Convention (12C) Special (12S)	
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) X Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (Primary (12P) General (12G) Runoff (1 Special (12S)	(M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) (c) 12-Day Primary (12P) General (12G) Runoff (1 Convention (12C) Special (12S)	Year Only)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) PRE-Election Report for the: Convention (12C) Special (12S) in the State of	
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Election on State of	
January 31 Year-End Report (YE) Election on State of	
Luke Od Mid Voor	iii tile
July 31 Mid-Year Report (Non-election Year Only) (MY) (d) 30-Day POST-Election Report for the:	General (30G) Runoff (30R) Special (30S)
Termination Report (TER) Election on Election on State of	
5. Covering Period 03 01 2015 through 03 31 2015	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.	knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Donald L. Walker	
Signature of Treasurer Mr. Donald L. Walker [Electronically Filed] Date Md. Donald L. Walker 2015	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §43	ay subject the person signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 03 01 2015 To: 03 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		620787.98
	(b) Cash on Hand at Beginning of Reporting Period	515246.97	
	(c) Total Receipts (from Line 19)	36466.02	66930.01
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	551712.99	687717.99
7.	Total Disbursements (from Line 31)	65000.00	201005.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	486712.99	486712.99
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	9497.08	18337.93
	(ii) Unitemized(iii) TOTAL (add	1968.94	8592.08
	Lines 11(a)(i) and (ii)▶	11466.02	26930.01
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	25000.00	40000.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	36466.02	66930.01
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
		0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16.	(Carry Totals to Line 37, page 5)	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	36466.02	66930.01
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	36466.02	66930.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati ical-to-bate
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(II) 11 - 1 - 1 - 1 - 1	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	65000.00	201000.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	2.22
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loan nepayments Made		5.00
Loans Made	0.00	0.00
Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5.00
-		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	5.00
(add Lines 20(a), (b), and (c))		
Other Disbursements	0.00	0.00
		7 7
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) III assimil Objects	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	7
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	7	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	65000.00	201005.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	65000.00	201005.00
from Line 31)	65000.00	201005.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	36466.02	66930.01
34. Total Contribution Refunds (from Line 28(d))	0.00	5.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36466.02	66925.01
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

F	TOTAL HOMBETT							6	OF		26
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

, runeriouri Godilon di Ene modre	rs Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Anthony Garcia		Date of Receipt
Mailing Address 933 Princeton Dr		03 19 2015
City	State Zip Code	Transaction ID : 65336919
Terrace Park	OH 45174-1238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
Independent Order of Foresters	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) Mr. Donald L. Walker		Date of Receipt
Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
Suite 700	Chaha Zin Cada	03 31 2015
City	State Zip Code DC 20001-2133	Transaction ID : PR1156427140340
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
American Council of Life Insurers	SVP, Administration & CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	P/R Deduction (\$50.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) . Ms. Kathleen F. Kiernan		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		03 31 2015
City	State Zip Code DC 20001-2140	Transaction ID : PR1728112740340
Washington	DC 20001-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	160.00
Name of Employer	Occupation	1
American Council of Life Insurers	Sr. Counsel, State Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	P/R Deduction (\$80.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)	•	5260.00

Use separate schedule(s) for each category of the Detailed Summary Page

		LINE	PAGE	=	7	OF	26			
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Ms. Carolyn C. Cobb		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		03 31 2015
City	State Zip Code	Transaction ID : PR1821819640340
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	237.30
Name of Employer	Occupation	
American Council of Life Insurers	Vice President & Associate General Cou	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	711.89	P/R Deduction (\$118.65 Semi-Monthly)
Full Name (Last, First, Middle Initial) The Honora Dirk A. Kempthorne		Date of Receipt
Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
Suite 700 City	State Zip Code	03 31 2015
Washington	DC 20001-2133	Transaction ID : PR1871324540340
	2000.2.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer	Occupation	
American Council of Life Insurers	President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	P/R Deduction (\$208.33 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. Brian Waidmann		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		03 31 2015
City	State Zip Code	Transaction ID : PR1872428340340
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
American Council of Life Insurers	Chief of Staff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200.00	P/R Deduction (\$200.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		1053.96
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insur	ers Political Action Committee	
Full Name (Last, First, Middle Initial) A. Anita Peduzzi		Date of Receipt
Mailing Address 101 Constitution Avenue Suite 700 W		03 31 2015
City	State Zip Code	Transaction ID : PR1978714940340
Washington	DC 20001-2146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	1
American Council of Life Insurers	PAC Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.02	P/R Deduction (\$41.67 Semi-Monthly)
Full Name (Last, First, Middle Initial) 3. Maria Lauterette	'	Date of Receipt
Mailing Address 800 N Magnolia Avenue		M = M / D = D / Y = Y = Y
Suite 1400	77. 6	03 31 2015
City Orlando	State Zip Code FL 32803-3248	Transaction ID: PR2019035340340
	02000 02.10	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	1
Hannover Life Reassurance Company of A	VP, Human Resources	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	, 240.00	P/R Deduction (\$40.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) . Jessica M. M Hanson		Date of Receipt
Mailing Address 1707 Prince St. #2		03 31 2015
City	State Zip Code	Transaction ID : PR2023274640340
Alexandria	VA 22314-2804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.40
Name of Employer	Occupation	-
American Council of Life Insurers	Vice President, Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.20	P/R Deduction (\$41.70 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)	>	246.74
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TOTAL This Period (last page this line number	71 Ottiy)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		03 31 2015
City	State Zip Code DC 20001-2133	Transaction ID : PR771358240340
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	366.62
Name of Employer	Occupation	
American Council of Life Insurers	Executive Vice President & General Cou	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1099.86	P/R Deduction (\$183.31 Semi-Monthly)
Full Name (Last, First, Middle Initial) 3. Ms. Linda H. Cunningham		Date of Receipt
Mailing Address 101 Constitution Avenue, NV	1	M = M / D = D / Y = Y = Y
Suite 700 West City	State Zip Code	03 31 2015
Washington	DC 20001-2133	Transaction ID : PR771362440340 Amount of Each Receipt this Period
FEC ID number of contributing	1000.1.00	Amount of Lacif necespt this Period
federal political committee.	C	119.66
Name of Employer	Occupation	
American Council of Life Insurers	Vice President, Conference Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 358.99	P/R Deduction (\$59.83 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson		Date of Receipt
Mailing Address 101 Constitution Avenue, NV Suite 700 West	V	03 31 2015
City	State Zip Code	Transaction ID : PR771373240340
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	316.44
Name of Employer	Occupation	
American Council of Life Insurers	Senior Vice President, State Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	949.33	P/R Deduction (\$158.22 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		802.72
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

26

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Shawn Hausman Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 2015 03 31 City Zip Code State Transaction ID: PR771373540340 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 69.62 federal political committee. Name of Employer Occupation Sr. Vice President, Public Affairs American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$34.81 Semi-Monthly) 208.86 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David M. Leifer Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 03 31 2015 City State Zip Code Transaction ID: PR771374040340 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 177.58 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President & Associate General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$88.79 Semi-Monthly) 532.75 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. John W. Mangan CEBS Date of Receipt Mailing Address 101 Constitution Ave, NW 03 31 2015 Suite 700 City Zip Code State Transaction ID: PR771377140340 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Semi-Monthly) 600.00 Other (specify) 447.20 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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Detailed Summary Page	X 11a	11

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or for commercial purposes, other than using th	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Morris R. Goff		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771419340340 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.58
Name of Employer American Council of Life Insurers Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President, Federal Relations Aggregate Year-to-Date ▼ 625.74	P/R Deduction (\$104.29 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Brenda S. Nation Mailing Address 101 Constitution Avenue, NW Suite 700 West City	State Zip Code	Date of Receipt M
Washington	DC 20001-2133	Transaction ID : PR771419940340 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Occupation Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$75.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Debra K. West Mailing Address 101 Constitution Avenue, NV Suite 700 West City	/ State Zip Code	Date of Receipt 03 31 2015
Washington	DC 20001-2133	Transaction ID : PR771421040340 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Occupation Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		458.58
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FO	PAGE		12	OF		26				
(check only one)										
>	11a		11b		11c		12			
	13		14		15		16	;		17

	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Ms. Lisa J. Tate Mailing Address 101 Constitution Avenue, NV Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)		Date of Receipt 03 31 2015 Transaction ID: PR771423240340 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. John P. John P. Gerni Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer	State Zip Code DC 20001-2133 C	Date of Receipt 03 31 2015 Transaction ID: PR771428740340 Amount of Each Receipt this Period
American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$75.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. David C. Turner Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2133 C Occupation EVP, Chief of Staff & Corp. Secretary Aggregate Year-to-Date ▼ 832.37	Date of Receipt 03 31 2015 Transaction ID: PR771428940340 Amount of Each Receipt this Period 277.46 P/R Deduction (\$138.73 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)	·····	507.46
TOTAL This Period (last page this line numbe	r only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Ms. Alane R. Dent		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		03 31 2015
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771444340340
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	203.76
Name of Employer	Occupation	
American Council of Life Insurers Receipt For:	Vice President, Federal Relations	
Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$101.88 Semi-Monthly)
Other (specify) ▼	611.28	(\$ 10 1.00 Golin Monthly)
Full Name (Last, First, Middle Initial) 3. Ms. Julie A. Spiezio		Date of Receipt
Mailing Address 101 Constitution Avenue NW		M = M / D = D / Y = Y = Y
Suite 700 City	State Zip Code	03 31 2015
Uity Washington	DC 20001-2133	Transaction ID : PR771449640340 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
·		
Name of Employer American Council of Life Insurers	Occupation Society Vice President	
Receipt For:	Senior Vice President	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. Maurice A. Perkins		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		03 31 2015
City	State Zip Code	Transaction ID : PR805149140340
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer	Occupation	
American Council of Life Insurers	Vice President, Federal Relations	
Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D D
Other (specify)	1249.98	P/R Deduction (\$208.33 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		720.42
TOTAL This Period (last page this line number	only)	9497.08

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 26 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Politic	al Action Committee	
Full Name (Last, First, Middle Initial) A. AFLAC Incorporated Political Action Mailing Address 1932 Wynnton Road City Columbus FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State GA C C0	Zip Code 31999 0034157	Date of Receipt 03 02 2015 Transaction ID: 64694289 Amount of Each Receipt this Period 5000.00
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Guardian Life Federal PAC Mailing Address 7 Hanover Square City	State	Zip Code	Date of Receipt M
New York FEC ID number of contributing federal political committee.	NY Co	10004 0173393	Amount of Each Receipt this Period 5000.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Penn Mutual Life Insurance Com Mailing Address 600 Dresher Road	pany PAC		Date of Receipt
City Horsham FEC ID number of contributing federal political committee. Name of Employer Receipt For:	Occupation	Zip Code 19044 00142372 1 Year-to-Date ▼	Transaction ID: 64774576 Amount of Each Receipt this Period 5000.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		5000.00	15000.00
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TOTAL This Period (last page this line number only).....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 26 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insure	rs Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) New York Life Insurance Company PA	AC.		Date of Receipt
	Mailing Address 51 Madison Avenue Room 1109 City	State	Zip Code	03 23 2015 Transaction ID : 65336916
	New York FEC ID number of contributing	NY	10010	Amount of Each Receipt this Period
	federal political committee.		0158881	5000.00
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial) TIAA-CREF Political Action Commit	tee		Date of Receipt
	Mailing Address 601 Thirteenth Street NW Suite 700 North	_		03 26 2015
	City Washington	State DC	Zip Code 20005	Transaction ID: 65336918 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0431361	5000.00
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt
Ο.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			10000.00

TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)	Hee concrete selectivity	FOR LINE	-	PAGE 16 OF 26
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	•	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem	l nents may not be sold or us			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers F	Political Action Com	mittee		
/				
Full Name (Last, First, Middle Initial) A. IMPACT			Date of Disburseme	nt
" IMPACT			M M / D D	/ Y Y Y Y
Mailing Address 192 Lexington Avenue			03 23	2015
Suite 101				
	State Zip Code		Transaction ID: 64	1947255
New York Purpose of Disbursement	NY 10016			
Political Contribution		011	Amount of Each Dis	bursement this Period
Candidate Name		Category/		
IMPACT		Type		5000.00
Office Sought: House Disbursen	nent For:			
	Primary General		Political Contribution	
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) 3. The Freedom Fund			Date of Disburseme	nt
3. The Freedom Fund			M M / D D	/
Mailing Address 701 8th Street NW			03 23	2015
Suite 500				
•	State Zip Code		Transaction ID: 6	4947257
Washington Purpose of Disbursement	DC 20001			
Political Contribution		011	Amount of Each Dis	bursement this Period
Candidate Name				
The Freedom Fund		Category/ Type		5000.00
Office Sought: House Disburser	nent For:			
	Primary General		Political Contribution	
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disburseme	nt
C. Kind For Congress Committee				/ Y Y Y Y
Mailing Address 205 5th Avenue South			03 23	2015
•	State Zip Code		Transaction ID: 6	4947265
LaCrosse Purpose of Disbursement	WI 54601			
Political Contribution		011		
Candidate Name			Amount of Each Dis	bursement this Period
Rep. Ron Kind		Category/ Type		5000.00
•	nent For: 2016	71 -		7
Senate	Primary General		Political Contribution	
	Other (specify) ▼			
State: WI District: 03				
				45000.00
SUBTOTAL of Disbursements This Page (optional)		·····•		15000.00
TOTAL This Boded floor and the first to the second				
TOTAL This Period (last page this line number only).				

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		Detailed Summary Page	21b	22 X 23 28b 28c 29	26 30b		
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NAME	OF COMMITTEE (In Full)						
Ame	erican Council of Life Insurers F	Political Action Com	mittee				
/							
_	ame (Last, First, Middle Initial)			Date of Disbursement			
- Frie	nds Of Jim Clyburn			M M / D D / Y Y Y Y			
Mailing	Address PO Box 12567			03 23 2015			
City		State Zip Code					
Colum		SC 29211		Transaction ID: 64947384			
	se of Disbursement						
	cal Contribution		011	Amount of Each Disbursement this Period	od		
	date Name		Category/	1500.00	П		
	. James Clyburn Sought: Y House Disburser	ment For: 2016	Туре				
Onice		Primary General		Political Contribution			
	President	Other (specify) ▼		1 Ontical Contribution			
State:	SC District: 06	•					
Full N	ame (Last, First, Middle Initial)						
B. Lars	son for Congress			Date of Disbursement			
Mailine	Address D.O.D. COLLEG			M M / D D / Y Y Y Y Y			
ıvıanınç ———	Address P.O. Box 261172			03 23 2015			
City		State Zip Code CT 06126		Transaction ID : 64947447			
Hartfo Purpos	se of Disbursement	CT 06126					
	cal Contribution		011	Amount of Each Disbursement this Perio	od		
Candio	late Name		Category/	2000.00			
	. John Larson		Type	3000.00			
Office		ment For: 2016					
	Senate Yresident	Primary General Other (specify) ▼		Political Contribution			
State:	CT District: 01	Other (specify)					
Full N	ame (Last, First, Middle Initial)						
_	lby for US Senate			Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing	Address P.O. Box 1091			03 23 2015			
City		State Zip Code					
Tuscal		AL 35401		Transaction ID: 64947451			
	se of Disbursement						
	cal Contribution		011	Amount of Each Disbursement this Period	od		
	late Name . Richard Shelby		Category/	1000.00	\Box		
		ment For: 2016	Туре				
000	✓ Senate	Primary General		Political Contribution			
	President	Other (specify) ▼		. Sittodi Oshiribution			
State:	AL District:						
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ITEMIZED DIS	BURSEMENTS	for each category of the Detailed Summary Page	Oncok only	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30b					
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NAME OF COMM American Co	ITTEE (In Full) Duncil of Life Insurers F	Political Action Cor	nmittee						
	First, Middle Initial)			5 . (5)					
A. Friends Of C	Chris Murphy			Date of Disbursement					
Mailing Address F	O Box 127			03 23 2015					
City	;	State Zip Code CT 06410		Transaction ID : 64947456					
Cheshire Purpose of Disbur	sement	CT 06410							
Political Contribut			011	Amount of Each Disbursement this Period					
Candidate Name			Category/	1000.00					
Mr. Christop Office Sought:			Туре	1000.00					
Office Sought:	Senate President	ment For: 2018 Primary General Other (specify)		Political Contribution					
State: CT	District:	2018 Convention	n Elec						
Full Name (Last, I	First, Middle Initial) Erik Paulsen			Date of Disbursement					
Mailing Address	P.O. Box 44369 250 Prairie Center Drive			03 23 2015					
City Eden Prairie	(Transaction ID : 64947457						
Purpose of Disbur Political Contribut			011	Amount of Each Disbursement this Period					
Candidate Name			Category/	1000.00					
Rep. Erik Pa		ment For: 2016	Туре						
State: MN		Primary General Other (specify) ▼		Political Contribution					
Full Name (Last, C. Tim Scott Fo	First, Middle Initial) or Senate		Date of Disbursement						
Mailing Address 1	405 Ashley River Road	03 23 2015							
City Charleston		State Zip Code SC 29407		Transaction ID : 64947458					
Purpose of Disbur Political Contribut		011	Amount of Each Disbursement this Period						
Candidate Name			Category/	4000.00					
Sen. Tim So			Type	1000.00					
Office Sought:	Senate President	ment For: 2016 Primary General Other (specify)		Political Contribution					
State: SC	District:								
SUBTOTAL of Disb	ursements This Page (optional)		······	3000.00					
TOTAL This Period	(last page this line number only))		7					

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	NAME OF COMMITTEE (In Full)		tion Comm	:44	_									
/	American Council of Life Insurers F	olitical Ac	tion Comr	nitte	е									
	Full Name (Last, First, Middle Initial)													
A.	Ben Cardin for Senate, Inc.						Date of	f Dis	burse	ment				
	-						M = M	/	D			Y Y	■ Y	
	Mailing Address P.O. Box 21093						03		23	3	2	2015		
	City	State Z	Zip Code											
	Catonsville		21228				Trans	acti	on ID	: 6494	7511			
	Purpose of Disbursement				-	_								
	Political Contribution			0	11		Amoun	t of	Each	Disbur	semer	nt this	Peri	od
	Candidate Name			Cate		'/						100	0.00	
	Sen. Benjamin Cardin Office Sought: House Disburser	nent For: 201	0	Тy	<i>р</i> е			-	7		7			_
		_	o ✓ General				Political	Cor	stributi	ion				
	President	Other (specify					FUIIIICai	Coi	ıtııbutı	OH				
	State: MD District:		, ,											
	Full Name (Last, First, Middle Initial)													
В.	Grassley Committee Inc						Date of	f Dis	burse	ment				
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	Mailing Address P.O. Box 1000						03	٠.	2	3	-	2015		
	City State Zip Code													
	Des Moines	IA 50304						Transaction ID: 64947523						
	Purpose of Disbursement Political Contribution													
	Candidate Name	011					Amount of Each Disbursement this Period							
	Sen. Chuck Grassley			Category/ Type				3000.00						
									7		7			
		Primary General					Political Contribution							
	President	Other (specify) \											
	State: IA District:													
_	Full Name (Last, First, Middle Initial)													
C.	Paul Ryan for Congress						Date of	f Dis _	sburse	ment				
	Mailing Address P.O. Box 1488	Asilian Address D.O. Day 1400					03	1	23			y y y 2015	Y	
	Walling Address F.O. Box 1400						00					-010		
	City	State Z	Zip Code				Trans	acti	on ID	: 6494	7525			
	Janesville	WI 5	53547				mans	uoti	טו ווכ	. 5-7-5-4	. 525			
	Purpose of Disbursement Political Contribution			0	11	7	Α.			D: :			<u>.</u>	
	Candidate Name			_	-		Amoun	t of	∟ach	Disbui	semer	nt this	Peri	od
	Rep. Paul Ryan			Cate Ty	egory /pe	"						150	0.00	
	•	nent For: 201	6		•	\neg			1		7			
	Senate	Primary	General				Political	Cor	ntributi	on				
	President	Other (specify	y) ▼											
_	State: WI District: 01													
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_		for each category of the Detailed Summary Page	21	b 22 X 23 24 25 26
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\	NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,		
	• • •			
	American Council of Life Insurers F	Political Action Com	mittee	
_	Full Name (Look Flort Middle In York)			
	Full Name (Last, First, Middle Initial)			Data of Dishara and
Η.	Friends for Gregory Meeks			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 153-01 Jamaica Ave			03 23 2015
	Suite 535			
	,	State Zip Code		Transaction ID: 64947530
	Jamaica	NY 11432		
	Purpose of Disbursement Political Contribution		1	
			011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
	Rep. Gregory Meeks		Type	1000.00
	Office Sought:	nent For: 2016		
	Senate	Primary General		Political Contribution
	President	Other (specify) ▼		
	State: NY District: 05			
	Full Name (Last, First, Middle Initial)			
В.	Blaine For Congress			Date of Disbursement
	Blaine i di dengrece			M M / D D / Y Y Y Y
	Mailing Address PO Box 1025			03 23 2015
	9			
	City	State Zip Code		Transaction ID - C4047C44
	Jefferson City	MO 65102		Transaction ID: 64947644
	Purpose of Disbursement			
	Political Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	
	Rep. Blaine Luetkemeyer		Type	3000.00
	Office Sought:	nent For: 2016		
	Senate	Primary General		Political Contribution
	President	Other (specify)		
	State: MO District: 03	•		
	Full Name (Last, First, Middle Initial)			
C.	Randy Hultgren For Congress			Date of Disbursement
	Mandy Hunglen For Congless			
	Mailing Address PO Box 717			03 23 2015
	g I O DON I II			2010
	City	State Zip Code		- ,, ,- ,-,-,-
	St Charles	IL 60174		Transaction ID: 64948168
	Purpose of Disbursement			
	Political Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	
	Rep. Randy Hultgren		Type	2500.00
		nent For: 2016		
		Primary General		Political Contribution
		Other (specify) ▼		- Gilliodi Goritribuliori
	State: IL District: 14	V 1 25 37 . ♥		
	17			
	SURTOTAL of Dishursements This Page (antional)			6500.00
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SCHEDULE B (FEC	Form 3X)				NUMBER:		PAGE 21 OF 26
ITEMIZED DISBURSE	EMENTS		arate schedule(s) category of the	(check on		X 23	24 25 26
		Detailed	Summary Page	27	28a		28c 29 30b
Any information copied from su	ch Reports and Statem	ents may	not be sold or use	ed by any per	son for the p	ourpose of sol	iciting contributions
or for commercial purposes, oth							
NAME OF COMMITTEE (In	,						
American Council o	of Life Insurers P	olitical	Action Comn	nittee			
Full Name (Last, First, Middl	le Initial)						
A. Moran For Kansas					Date of	Disbursement	:
Mailing Address P O Box 115	51				03	23	2015
City	S	tate	Zip Code				
Hays		KS	67601		Transa	action ID: 649	948535
Purpose of Disbursement Political Contribution				011	Amount	of Each Dish	ursement this Period
Candidate Name					Amount	OI LACII DISD	ursement this Fellou
Sen. Jerry Moran				Category/ Type			2000.00
Office Sought: Hous	se Disbursem	ent For:	2016	7,		,	,
X Sena		Primary	General		Political	Contribution	
State: KS District:	ident	Other (spe	ecify) 🔻				
Full Name (Last, First, Middl	le Initial)						
B. Moran For Kansas	io initial)				Date of	Disbursement	:
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Mailing Address P O Box 11	151				03	23	2015
City Hays		tate KS	Zip Code 67601		Transa	action ID : 649	948561
Purpose of Disbursement							
Purpose of Disbursement Political Contribution				011	Amount	of Each Disb	ursement this Period
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Purpose of Disbursement Political Contribution Candidate Name Sen. Jerry Moran		ent For: Primary	2016 General	Category/		of Each Disposition	
Purpose of Disbursement Political Contribution Candidate Name Sen. Jerry Moran Office Sought: Hous Sena Presi	ate F		X General	Category/		-	
Purpose of Disbursement Political Contribution Candidate Name Sen. Jerry Moran Office Sought: Hous Sena Presi State: KS District:	ate I	Primary	X General	Category/		-	
Purpose of Disbursement Political Contribution Candidate Name Sen. Jerry Moran Office Sought: Hous Sena Presi State: KS District: Full Name (Last, First, Middle)	ate ident (Primary	X General	Category/	Political	Contribution	500.00
Purpose of Disbursement Political Contribution Candidate Name Sen. Jerry Moran Office Sought: Hous Sena Presi State: KS District:	ate ident (Primary	X General	Category/	Political	-	500.00
Purpose of Disbursement Political Contribution Candidate Name Sen. Jerry Moran Office Sought: Hous Sena Presi State: KS District: Full Name (Last, First, Middle)	ate ident I	Primary	X General	Category/	Political Date of	Contribution Disbursement	500.00
Purpose of Disbursement Political Contribution Candidate Name Sen. Jerry Moran Office Sought: Hous Sena Presi State: KS District: Full Name (Last, First, Middl C. Georgians For Isak Mailing Address Post Office	le Initial) SON Box 250116	Primary Other (spe	General vicify) ▼	Category/	Political Date of	Contribution Disbursement	500.00 Y Y Y Y 2015
Purpose of Disbursement Political Contribution Candidate Name Sen. Jerry Moran Office Sought: Hous Sena Presi State: KS District: Full Name (Last, First, Middl C. Georgians For Isak Mailing Address Post Office City Atlanta	le Initial) SON Box 250116	Primary	X General	Category/	Political Date of	Contribution Disbursement	500.00 Y Y Y Y 2015
Purpose of Disbursement Political Contribution Candidate Name Sen. Jerry Moran Office Sought: Hous Sena Presi State: KS District: Full Name (Last, First, Middl C. Georgians For Isak Mailing Address Post Office City	le Initial) SON Box 250116	Primary Other (spe	General cify) ▼ Zip Code	Category/ Type	Political Date of 03 Transa	Contribution Disbursement 23 action ID: 649	500.00 Y Y Y Y 2015
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	NAME OF COMMITTEE (In Full)			
	American Council of Life Insurers F	olitical Action Co	mmittee	
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	Mailing Address Post Office Box 250116			03 23 2015
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	Mailing Address P O Box 266			03 23 2015
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U .	Heidi For Senate			Date of Dispuisement
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	Mailing Address PO Box 1577			03 23 2015
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Α.	Friends Of Dave Reichert				
	Mailing Address P.O. Box 2032			03 23 2015	
	City	state Zip Code			
		WA 98027		Transaction ID: 64948632	
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В.	Scott Garrett for Congress			Date of Disbursement	
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	Mailing Address P.O. Box 905			03 23 2015	
		state Zip Code		Transaction ID: 64948634	
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	Mailing Address P.O. Box 270			03 23 2015	
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	ortland	State Zip Code OR 97232		Transaction ID : 64948646					
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Α.	Cleaver For Congress						Date of	f Dis	sburse	emei	nt				
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NAME OF COMMITTEE (In Full)				
American Council of Life Insurers F	Political Action Com	mittee		
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A. Marco Rubio For Us Senate			Date of Disbursemen	t /
Mailing Address PO Box 140420			03 27	2015
City	State Zip Code		Transaction ID : 64	970777
Miami	FL 33114		Transaction ib . 04	910111
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Mailing Address PO Box 140420			03 27	2015
Miami	State Zip Code FL 33114		Transaction ID : 64	970783
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